

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

9/621565

FILING DATE

APPLICANT(S)

5/9/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.										
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		/					100									
TOTAL IND.							TOTAL IND.	5								
TOTAL DEP.							TOTAL DEP.	35								
TOTAL CLAIMS							TOTAL CLAIMS	40								

BEST AVAILABLE COPY